Third-year Pediatric Clerkship

Class of 2010

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LTC, MC, USA

Pediatric Clerkship

Director



Plan for Day One

- Overview/paperwork
- Introductions
- Video
- Rx writing exercise
- Tours

Welcome to Pediatrics!

This is the only pediatric rotation you will be *required* to take during medical school....

Some food for thought....
What scares you most about Pediatrics?

What would you like to accomplish during this six-week block?

Clerkship Goals

- We have 10 (Handbook, p.6)
- The short version:
 - Make you more comfortable examining children of all ages
 - Make you better data collectors
 - Make you better at oral and written presentations
 - Decide if Pediatrics is a possible career choice

Sir William Osler

"The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head."

"One of the first duties of the physician is to educate the masses not to take medicine."

Orientation

Goals

- Define the requirements and expectations of your six-week core pediatric clerkship
- Familiarize you with the student coordinators and clinical teaching sites

Clerkship Goals

- You will have the opportunity to learn the <u>unique</u> characteristics of the pediatric patient visit, regardless of your eventual specialty direction
- This rotation is directed toward the student who will not make Pediatrics their specialty focus
 - You can get all the Pediatrics you can handle in 4th year....

Clerkship Objectives

- During this clerkship, you will:
 - Expand your fund of knowledge on unique pediatric pathophysiology
 - Acquire the skills necessary to reach appropriate diagnostic and therapeutic conclusions, and to communicate them
 - Develop the attitudes involved in understanding the unique relationship with a pediatric patient and family
 - Progress towards becoming competent in historytaking and examination of infants, children and adolescents

Where do I go?

- Outpatient Pediatrics (3 of 6 weeks)
 - General Pediatrics
 - Adolescent Medicine
 - Subspecialty Pediatrics
- Inpatient Pediatric Ward (2 of 6 weeks)
- Newborn Medicine (1 of 6 weeks)
 - Inpatient Nursery Service
 - Initial Outpatient Well Child Care

Outpatient Clinic

- (3) 1-week blocks
- Evaluations every day
- Often different preceptor every day or even ½ day
- See Introduction to Ambulatory Pediatrics in Handbook (p.26)
- NO CALL!

Outpatient Clinic 2

- Read articles and handouts on CD
 - Preparation for Outpatient Clinic
 - Preparation for Adolescent Clinic
 - Health Supervision Module
- Two observed encounters (minimum) of Health Supervision visits

Health Supervision Module

- 6 cases that follow a family over 15 years
 - You need to work through 3 each week for the first 2 weeks
 - Can do solo or as a group
 - Will have a discussion with your Site Director or another faculty to review cases 1-3 and 3-6
 - Your worksheets will go in your folders
- Ungraded unit, but degree of preparation and participation will be noted and considered as professionalism
- Questions from cases are on the Clerkship Quiz

Inpatient Pediatrics (Ward)

- 2 consecutive weeks
- Mid- and end-of-rotation feedback
- 2 calls total:
 - 1 weekday (M-Th)
 - 1 weekend (Fri, Sat or Sun)
 - Assist with work rounds on one of the non-call weekend days

Ward continued...

- See Introduction to Inpatient Medicine in Handbook (p.18-21)
- Read articles on CD, Preparation for Inpatient Ward
- Observed encounter H&P of child with acute illness (p.41)

Inpatient Pediatrics (Nursery)

- Catch, resuscitate, examine lots of babies and learn NB medicine
- 1 weekday call
 - Will get to see NICU on call
 - Assist with work rounds on Sat or Sun
- See The Newborn Nursery in Handbook (p.21-22)
- Read articles on CD, Preparation for Newborn Nursery
- Observed encounter Newborn physical exam (p.43)

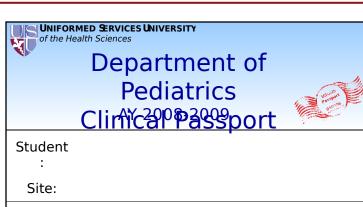
Tools and Resources

- Student Binder
 - Student Handbook
 - COMSEP curriculum
- CD-ROM w/articles
- Issued Textbooks
 - Essentials of Pediatrics, 5th ed. (MS-2)
 - First Exposure Pediatrics
 - Bright Futures 3rd edition Pocket Guide
 - Harriet Lane Handbook,17th ed.
 - PreTest Pediatrics, 11th ed.

Clinical Passport

- Keep with you throughout the rotation
- 2 checklists of experiences
 - Core Problems/Conditions (p.16)
 - Student Activities (p.17)
- Feedback on Inpatient rotations
- Must be completed when you take the NBME
- Failure to complete may impact your grade!

Clinical Passport



Rotatio

n: Students will use this Clinical Passport to document their clinical experience over the 6 weeks.

*** This document must be complete and submitted prior to sitting for the pediatric NBME. Otherwise, the student's final grade may be adversely affected. ***

For student to sign when complete:

I assert that the items within this Passport have been completed by me with honesty and integrity.

_Signature/Date

Pediatric Clerkship MS-3 Activities Checklist

Observed Encounters

eceptor	rs initial and date on the line after encor student. Forward form to Site Direc	inter form completed and reviewed with a tor to be placed in student file.
Ward		
	Obtain H&P of Acute Illness (Checkl	
Nurser	y Perform Newborn PE (Checklist)	
Clinic	Obtain H&P of Health Supervision E	ncounter (SCO)
	Deliver Anticipatory Guidance in HS	Encounter (SCO)
	Health Supervis	ion Module
	•	ssion on HS cases, and comments whethe ned adequate or inadequate. If inadequat rded to Site Director.
	CASES 1-3	
	Preparation	Adequate / Inadequate
	Participation	Adequate / Inadequate
	CASES 4 - 6	
	Preparation	Adequate / Inadequate
	Participation	Adequate / Inadequate
	Other T	<u>asks</u>
	Check by student or Site Div	ector when completed.
	H&P 1	
	H&P 2	
	Oral Presentation	
	Claubahin Ouis	

USUHS Third-year Pediatric Clerkship Core Problems/Type or Condition Checklist

The level of responsibility of the student is to participate in the care of each patient by completing a focused history and physical and presenting an interpretation to the preceptor. The preceptor will initial as verification that the student did precept that encounter with them.

Core problem/type/ disease state	Clinical setting ¹	Alternate method of exposing student to problem/disease	Verification (date, student initials, preceptor initials	
Well child care		state		
(2 - 12 mos)	0	CLIPP 2		
2. Well child care (15-60 mos)	0	CLIPP 3		
Disorder of growth (obesity, FTT, short stature)	O,W,N	CLIPP 18 or 26		
 Adolescent H&P (sports or school physical or acute complaint) 	0	CLIPP 5		
Acute otitis media/otitis media with effusion	O,W	CLIPP 14		
6. Respiratory disorder (cough, wheeze, asthma, URI, respiratory distress in newborn)	O,W,N	CLIPP 12		
7. Fever (from any cause)	O,W,N	CLIPP 10		
8. Acute gastroententis	O,W	CLIPP 15		
Rash (of any type)	O,W,N	CLIPP 3		
10. Neonatal hyperbilirubinemia	O,W,N	CLIPP 8		
11. Chronic medical problem (CF, CP, congenital heart disease, seizures, asthma followup, heme-onc patient)	O,W,N	CLIPP 30		

Feedback

WARD MID-ROTATION FEEDBACK:	WARD END-ROTATION FEEDBACK:
I have provided mid-rotation	
feedback to the student, to include areas of strength and improvement.	rotation feedback to the student, to include areas of strength and improvement.
I would rate the student's	I would rate the student's
performance as:	performance as: Below Expectations
Below Expectations	At Expected Level
At Expected Level Above Expectations	Above Exectations
/IBOVE EXPENDICIONS	
	Ward Attending or Resident
Signature/Date I have provided nursery rotat to include areas of strength a	
I would rate the s	student's performance as:
Belo	ow Expectations
	Expected Level ove Expectations
Abo	TO EXPECTION 113
Nursery Attending Signature/	/Date
Nuisery Accertaing Signature,	
*** If student is at risk for rec	eiving Unacceptable or Needs he Inpatient Evaluation, please

You need to be proactive about soliciting feedback. These must be completed by the end of the rotation.

Performance Evaluation

- Clinical Performance 60%
 - Outpatient 30%
 - Ward 20%
 - Nursery 10%
- NBME Pediatric Subject Exam
 20%
- Clerkship Quiz 7.5%
- Medical Communication
 - Comprehensive Written Presentation7.5%
 - Concise Oral Presentation

5%

100%

Who gets an "A"....?

- This formula is a straight percentage, not a curve
- Everyone can get an "A!" However....
- ...most students get a "B."

USUHS Third-year Pediatric Clerkship Student Grading Worksheet Academic Year 2008-2009

Stud	ent Nai	ne:		Rotation:
	nator Nar patient C		Newborn Nursery	<u>Inpatient Ward</u>
		A = 4.0 A = 3.7	r converting letter to numer $B+=3.3$ $B=2.7$ $B=3.0$ $C+=2$. Her Grade Numeric Grade	C = 2.0 3 C- = 1.7
	Outp	atient		x 0.30 =
	W	ard		x 0.20 =
Percentile	Nur	sery		x 0.10 =
	NBME	Exam		x 0.20 =
	Н	& P		x 0.075 =
	Oral Pre	sentation		x 0.05 =
	Clerksh	nip Quiz		x 0.075 =
Final	Clerksh	ip Numeric V	alue	
	Γ	F.	or calculating final clerkship	n grandes
		> 3.75 = 4	≥ 3.30 = B + ≥ 2.70 ≥ 3.00 = B ≥ 2.30	I = B- > 2.00 = C

Clinical Performance

- Feedback Forms
 - Inpatient (blue sheet w/picture)
 - Outpatient (blue cards)
 - Electronic versions available online
- "PRIME" framework for evaluation

PRIME Framework

- PROFESSIONALISM
- REPORTER: (THE "WHAT")
- INTERPRETER: (THE "WHY")
- MANAGER: (THE "HOW")
- EDUCATOR: (THE "WHO")

USUHS Pediatric Clerkship Outpatient Evaluation

tudent	Preceptor	Date
Areas of Strength	PRIME	Areas for Improvement
	Professionalism Interpersonal skills Responsible/Reliable Approach to children/addescents	
	Reporter Focused history and physical Pertinent positives/negatives Prioritizes data Data presentation (written/oral)	
	Interpreter Develops problem list Synthesizes differential Interprets labs/studies	
	Manager Develops degrestic plan Develops therapeutic plan Partners with patient-parent	
	Educator Independent learner Mentors peers/colleagues Informs patient-parents	

Please include comments regarding student's performance in each PRIME Category.

Unacceptable	Needs Impr	ovement	Acceptable	Above A	verage	Outstanding
1	2	3	4	5	6	7

USUHS DEPARTMENT OF PEDIATRICS INPATIENT STUDENT EVALUATION - AY 2008-2009

STUDENT:		BLOCK:		NO STUDENT PHOTO AVAILABLE	
EVALUATOR:		POSITION:			
ROTATION:	Ward Nursery	ča,	g or PGF-4.2.8		
UNACCEPTABLE	NEEDS IMPROVEMENT	ACCEPTABLE	ABOVE AVERAGE	OUTSTANDING	
RELIABILITY/COMD	MITMENT			PROFESSIONALISM	
Unampleined absences, unreliable	Often unprepared, appears lackadainical in approach to education and patient care	Devotes the time and energy required for education and patient care, fulfills responsibility	High degree of dedication to education and patient care, seeks responsibility sometimes beyond assigned tasks	Unwoull dedication to education and patient care, actively seeks responsibility beyond assigned tasks	
INTERPERSONAL R	ELATIONSHIPS - TEAM	ſ			
Negative interactions with other members of the health care team	Does not participate as a member of the health care team	ulfills basic responsibilities as a member of the health care team	Makes important contributions as a member of the health care team	Participates as an involved and enthusiastic member of the health care team	
HISTORY TAKING				REPORTING	
П	Ιп	П	П	П	
Inaccurate, major omissions, inappropriate, psychosocial component entirely missing	Incomplete or unfocused, relevant data missing, psychosocial component entirely missing	Obtains basic history, accurate, obtains most of the relevant data and most of the psychosocial components	Pracise, detailed broad- based, obtains most of the relevant data and most of the psychosocial components	Resourceful, efficient, appreciates subtleties, insightful, obtains all relovant data including psychosocial components	
PHYSICAL EXAMINA	ATION SKILL				
Umreliable	Incomplete or inaccurate	Major findings identified	Organized, focused, relevant	Elicits subtle findings	
WRITTEN H&P, PROGRESS NOTES					
Inaccurate data or major omissions, notes not done consistently	Poor flow, emits relevant date, incomplete problem list	Accurate, complete	Documents key information, focused, organized	Concisa, reflects thorough understanding of disease process and potient situation.	
ORAL PRESENTATIO	ONS				
Consistently ill-prepared	Unfocused, includes irrelevant facts	Maintains format, includes all basic information	Complete, flows smoothly	Comprehensive, poised	
Reporting Comments:					

UNACCEPTABLE	NEEDS IMPROVEMENT	AVERAGE	ABOVE AVERAGE	OUTSTANDING
KNOWLEDGE BASE				INTERPRETING
Cannot interpret basic data	Marginal understanding of basic concepts	Demonstrates understanding of basic concepts	Thorough understanding of basic pathophysiology	Comprehensive understanding
ANALYSIS				
Cannot interpret basic data	Frequently reports data without analysis	Constructs problem list, applies reasonable differential diagnosis	Consistently offers reasonable interpretations of data	Understands complex issues
Interpreter Comments:	•			
PATIENT CARE ACT	TVITIES			MANAGING
Unwilling or unable to do expected patient care activities	Needs prodding to complete responsibilities	Assumes responsibility, consistently knows test results, maintains patient records	Efficient and effective, often takes imitiative	Functions as Sub-Intern, involves and coordinates health care team.
DAILY FOLLOW-UP				
Unrelizble	Inconsistent or inaccurate	Monitors active problems, identified new problems	Vigilant, independent appraisal	Anticipates changes, offers valid plan
Manager Comments:				
EDUCATOR		·		EDUCATING
Completely lacks interest	Disinterested in independent reading, unreliable educating patient-parents	Does minimal independent reading	Uses resources to advance knowledge, educates team, reliably educates patient- parents	Extremely motivated, actively seeks learning opportunities, reliably educates patient-parents
Educator Comments:				
	RECOMMEN	DED OVERALL EVA	ALUATION	
UNACCEPTABLE	MARGINAL, NEEDS TO IMPROVE	ACCEPTABLE	ABOVE AVERAGE	OUTSTANDING

Additional Comments:

NBME Subject Examination

- ("thes shalf rates test taken by thousands of students across the United States who are at equivalent cycles in training
 - USUHS scores are close to national mean
 - Every student must perform at or above the 10th percentile nationally in order to pass (>=64 out of 100)
 - We will send email with raw score, percentile and letter grade
 - THIS TEST IS HARD!

More Quotes

- "A teacher's purpose is not to create students in his own image, but to develop students who can create their own image." ~Author Unknown
- "People learn something every day, and a lot of times it's that what they learned the day before was wrong." ~Bill Vaughan

CLIPP Exercise

- CLIPP = Computer-Assisted Learning in Pediatrics Project
- Interactive, web-based, case-based learning scenarios
- Blackboard
- 4 cases followed by a quiz
- Can be done at any time during the clerkship

CLIPP

COMPUTER-ASSISTED LEARNING IN PEDIATRICS PROGRAM

Go to Cases

About CLIPP

Demo a Case

Registering

Subscribing to CLIPP

Teaching With CLIPP

Instructors' Area

Support

CLIPP Home

Contact Us

Welcome!

The Computer-assisted Learning in Pediatrics Program (CLIPP) is a comprehensive Internet-based learning program for use by third-year medical students during their pediatric clerkship. CLIPP's 31 interactive virtual patient cases are designed to cover all of the core content of the curriculum of the Council on Medical Student Education in Pediatrics (COMSEP). The CLIPP cases have been widely accepted by Pediatric Educators, with use in more than 80 medical schools in the U.S. and Canada, and more than 100,000 case sessions completed by students.



CLIPP is designed to supplement traditional clerkship teaching and patient care activities. It provides medical students and clerkship directors access to peer-reviewed learning materials that provide a solid foundation in pediatric medical knowledge appropriate to the level of the third-year student.

It is expected that each CLIPP case will take a student approximately 45 minutes to complete, so that students may work through the full learning program over the course of an average six-week clerkship. Link to see a <u>list of the cases</u>.

CLIPP Procedure

- Start at USUHS Blackboard Website
 - http://usuonline.usuhs.edu
- Enter CLIPP Exercise Rd 1 08-09
- Course Materials
 - Follow link to register for CLIPP using USU email account – they will send username and PW
 - Complete assigned CLIPP cases
 - Complete Quiz <u>AFTER</u> completion of cases (and HS Module)
 - 7.5% of grade

PEDIATRICS THIRD-YEAR CLERKSHIP (RD1 08-09) (PED0801) > COURSE MATERIALS

EDIT VIE



Course Materials



Clerkship Website

Home page for the Third-Year Pediatrics Clerkship. Here you can find links to the Handbook, Curriculum, all the forms, schedules, and links to Blackboard, CLIPP and cWeblog.



CLIPP site

Use this link to log in to CLIPP. Click <Go To Cases> then Register. Make sure you use your USUHS email account to register!



CLIPP Exercise Instructions

On the CLIPP site, Click the link <Go to Cases>, then login with the username and password sent to you by CLIPP when you registered. You will see a list of 32 cases. You need to do the following four cases:

Case #16 17-year old with abdominal pain and vomiting - Isabella

Case #19 16-month-old with first seizure - lan

Case #24 2-year-old with altered mental status - Matthew

Case #25 2-month-old with apnea - Jeremy

You may do as many cases as you wish, as many times as you wish, although the above four cases are mandatory. You can start a case, and return to it at a later time picking up where you left off. Each case takes 30-45 minutes to complete fully. Once you have completed the cases, please enter them into cWeblog.



08-09 Clerkship Quiz

This is a 30-question, multiple choice test that will assess your understanding of the material from the six Health Supervision cases and the four CLIPP cases. You have 60 minutes to complete the test. Once started, the test

Tools

□ Communication
 ★ Course Tools

Announcements

Communication

Student Tools

Resources

Discussion Board

Course

Information Course Materials

My Portfolios

Course Map

(a) Control Panel

Refresh

Detail View



→ more about Casus → Contact ? Help

Welcome to CLIPP

Login:

Password:

Edit user data

Popup free

 Your computer is optimized for the use of CASUS.

→ Login

Forgot your password? Please go to

→ Get new password

You just want to have a look?

Then please click on "Demo a Case".

→ Demo a Case

You are a new user?

Please click here to register.

→ register

News

- New release! 6.0.0b1
- We recommend Netscape 4.x or Internet Explorer 5.x and higher!

Browser check

- ✓ Internet Explorer 7.0
- Cookies are accepted by your browser!
- Quicktime is installed on your computer.

Problems?

Please read the FAQ page, before sending a support request.

If you have any problems, please go to the following form: Support-Request

CLIPP Registration

	ation below to register for CLIPP. This will be used to register you for CLIPP, and to sword after your registration is complete:			
Email:	s9xstudent@usuhs.mil			
First Name:				
Last Name:				
Status	3rd year 🕶			
Please use your University email address. Please check your email to receive your login and password in 2 separate emails!				
CLIPP Site User Term	s and Conditions			
By clicking on "ACCEPT" Site User Terms and Con	RMS AND CONDITIONS CAREFULLY BEFORE ACCEPTING THEM OR USING THIS SITE. or otherwise using this site, you agree to become bound by the terms of this CLIPP ditions (this "Terms and Conditions"). If you do not agree to these terms, click the registration window.			
O Accept O Decline				

Medical Communication

- Comprehensive Written H&P
 - The student is expected to complete two write-ups of INPATIENTS, to include a history, physical, assessment, and plan
 - One is ungraded, designed for the students to get feedback from the senior resident or attending
 - The second is for grade (7.5% final grade)
 - Feedback/Grading form in Handbook (p.24)

Medical Communication2

- For discussion, you need to ask a clinical question and use literature to apply it to your patient
 - Do not just provide a mini-review of a topic
- Plagiarism will not be tolerated!
 - Use quotes and citations when applicable
- Up-to-Date and/or eMedicine should not be your primary reference

USUHS Third-Year Pediatric Clerkship AY 2008-09 Comprehensive H&P / Clinical Discussion Grading Form

Student:	Evaluator:	Round	Round: H&P: 1 / 2	
		NOTE	S	
ID & CC	Succinct (in patient's own words if possible) ID (age, gender, underlying condition)			
HPI	Pertinent signs and symptoms in chronological order Pertinent past history, therapies Complete pertinent positives and negatives for diff dx			
PAST MED HX	Hospitalizations, surgeries, serious illnesses, meds, allergies Neonatal hx if relevant, diet, developmental hx as appropriate for age Immunization status			
FAM HX	Pertinent positive and negative info about diseases/diagnoses in extended family Current health status of parents and siblings			
SOC HX	Current living arrangements and caregivers School performance HEADDS interview if adolescent			
ROS	Includes all relevant positive and negative information			
PE	Vital signs Growth measures with %s General description without stock phrases All systems in appropriate detail with pertinent positive and negative findings			
LABS & IMAGING	Includes all results and indicates normal and significant abnormal results Interprets abnormal results			
PROBLEM LIST	Lists all problems (signs, symptoms, known diagnoses) in order of priority			
DIFFERENTIAL DX	Develops several reasonable differential diagnoses for problem list with a brief discussion of each			
CLINICAL QUESTION	Articulates a specific clinical question relating to diagnostic tests, therapy, or prognosis of most likely diagnosis			
BEST AVAILABLE EVIDENCE	Includes at least 2 appropriate references (relevant, current, not UpToDate or aMedicine) Integrates information from references with patients' clinical condition to answer clinical question			
OVERALL	Uses appropriate medical terminology? Clear, concise sentences? Grammar and punctuation? Organized, easy to read and to follow clinical reasoning?			

GRADE:

Medical Communication

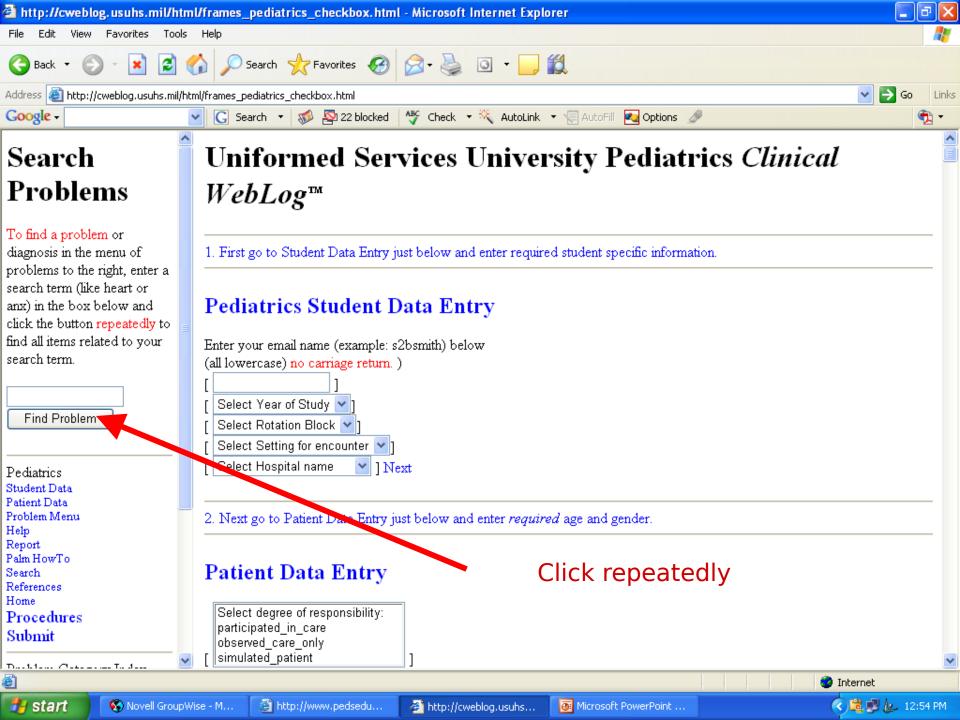
- Concise Oral Presentation
 - The student will concisely present an OUTPATIENT (not a health maintenance visit) in SOAP format in less than 10 minutes
 - Grading form in Handbook (p.29)
 - Can practice with spouse, residents, staff, and/or each other before going "live"
 - Will get immediate feedback

USUHS Pediatric Clerkship Oral Presentation Outline and Grading Form

Student:		Date:	
Eval	luator:		
of the	following items are provided as a checklist when given Subjective and Objective sections should includentation should take less than 10 minutes. Please goes provided below. Keep original in student's foldows:	e focused and relevant information, and the entire give feedback to the student verbally and in the	
cc s	Age of patient Reason for Visit (in patient's own words) Length problem/illness/concern History of Present Illness	O Vital signs Growth parameters General statement of appearance Directed physical exam with pertinent positives/negatives	
	Chronology of events Pertinent positives/negatives Review of systems	Labs (if relevant) Radiology studies (if relevant)	
	Past Medical History Significant illnesses/ hospitalizations Chronic medical conditions Surgical history Medications Allergies Innumizations Family History Social History	A Assessment/summary Problem list (if relevant) Differential diagnosis Most likely/probable diagnosis	
		P Diagnostic evaluation Therapeutic intervention Patient education/instructions Follow-up plan	
	If Relevant to chief complaint: Perinatal history Developmental history Educational performance Travel history Dietary history Environmental/human/animal exposures Injuries	Notes:	
Ora	l Presentation Delivery (Eye counct, clarity of speech, pace of p	presentation, use of appropriate medical terms, dependency on notes)	
Feed	dback and student response:	GRADE:	

Clinical WeblogTM

- http://cweblog.usuhs.mil
- Required patient log entry
 - Participate
 - Observe Care
 - Procedures
- Use "Search Problems"
 - Click <Find Problem> repeatedly
 - Email Dr. Pelzner if having problems
- Failure to complete is an issue of professionalism/attention to administrative requirements
- Enter CLIPP cases as well!



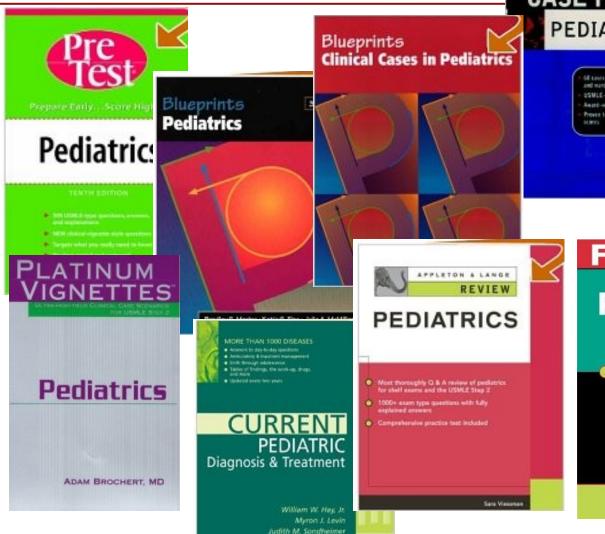
Pediatric Clerkship Evaluation

- You give us feedback!
- Online Evaluation
 - Dr Waechter's office will send out email, usually week 5
 - Required for a grade! (Dean's Policy)
 - Anonymous (tracks email alone)
 - Suspense (1 week after completion of rotation)

How Do I Succeed?

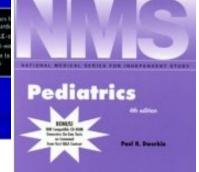
- Attitude
 - Be Enthusiastic
 - Be Inquisitive
 - Be Teachable
 - Challenge those who teach you
- Take advantage of every learning opportunity
- Study

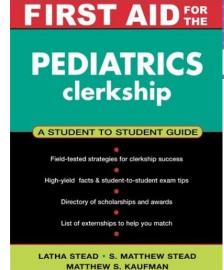
Study Guides



Robin R. Deterding

CASE FILES
PEDIATRICS





Professionalism in Medicine

- Behaviors of a Professional
 - Honor and Integrity and Respect
 - Caring, Compassion & Communication
 - Responsibility & Accountability
 - Excellence, Scholarship, and Leadership
 - Functioning under stress
- USUHS clinical science courses evaluate cognitive <u>and</u> non-cognitive performance
- Student Handbook page 34 outlines minimum expectations and examples of non-professional behaviors

USUHS Points of Contact

Third-Year Clerkship Director

Administrative Contact

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s.mil

295-9730, Room

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Education Section

Jeffrey Longacre, MD COL, MC, USA Director of Pediatric Education

Virginia Randall, <u>jlongacre@usuhs.mil</u>

MD

COL, MC, USA

(Ret.)

NCA Site Director

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Kit Kieling, MD Maj, USAF, MC 205495i33 Director

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Janice Hanson,
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Peter Zawadsky, MD COL, MC, USA (Ret.)

Adolescent and ID

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il Erin Balog, MD LCDR, MC, 295/168

NCA Site Director

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More Osler Quotes...

"The killing vice of the young doctor is intellectual laziness."

"The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course, for which the work of a few years under teachers is but a preparation."

"The value of experience is not in seeing much, but in seeing wisely."